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LETTER DATED 2 FEBRUARY 1993 FROM THE PERMANENT
REPRESENTATIVE OF DENMARK TO THE UNITED NATIONS
ADDRESSED TO THE SECRETARY-GENERAL

With reference to paragraph 4 of Security Council resolution 798 (1992) and in my capacity as representative of the Presidency of the European Community (EC), I have the honour to forward the final report of the investigative mission into the treatment of Muslim women in the former Yugoslavia.

The mission, headed by Dame Ann Warburton, made two visits to the former Yugoslavia, from 18 to 24 December 1992, and from 19 to 26 January 1993. The enclosure is a composite report on both visits (see annex I).

Further, I have the honour to forward the declaration on the follow-up to the Warburton Mission adopted by EC and its member States at the meeting of the Foreign Affairs Council in Brussels on 1 February 1993 (see annex II).

I should be grateful if you could have this letter and the enclosed documents circulated as a document of the Security Council.

(Signed) Bent HAAKONSEN
Permanent Representative

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Annex I

European Community investigative mission into the treatment of Muslim women in the former Yugoslavia

Report to European Community Foreign Ministers

Mandate of the mission

1. The European Council, at its meeting held in Edinburgh on 11 and 12 December 1992, discussed the increasingly alarming reports of the treatment of Muslim women in Bosnia and Herzegovina and called for the rapid dispatch of a delegation to investigate the facts and to report back urgently to the Foreign Ministers with recommendations on the action that might subsequently be taken.

2. The mission feels it must record criticisms expressed to it that its terms of reference were too restrictive. While fully respecting the terms of its mandate, the mission heard statements that similar abuses - though on a smaller scale - had been committed against other groups in the former Yugoslavia. This aspect is considered in more detail in paragraph 9 below.

Composition and working methods of the mission

3. To initiate implementation of the Council mandate as rapidly as possible, a small team met for initial briefings with the major international humanitarian agencies in Geneva and then travelled to Zagreb for in-depth investigations (20-24 December 1992). Following this first visit and in the light of the mission's preliminary report, it was decided that a further visit to the former Yugoslavia should be undertaken at an early date with the active participation of additional interested member States. This expanded mission meet in Zagreb from 19 to 21 January 1993; the team of experts proceeded to Bosnia and Herzegovina from 22 to 26 January.

4. On both visits to Zagreb, the mission met a wide range of interlocutors. These included leaders of the Catholic and Muslim religious communities, field staff of the main international agencies and representatives of both Croatian and Bosnian governmental and non-governmental organizations, including various women's groups. Contacts were also made at the political level with the Croatian Government. Additionally, delegates visited refugee centres in both Croatia and Bosnia and Herzegovina. While in Zagreb, the medical and social development experts on the mission visited a number of hospitals and held discussions with experts in gynaecology and mental health. They also conducted a small number of in-depth interviews with individual victims and eyewitnesses of human rights violations in Bosnia and Herzegovina. The mission furthermore examined a considerable amount of documentation detailing the process of clearing villages. Contact was also had in Zagreb during the mission's second visit with United States government officials currently assessing the possibility of future provision of aid.

5. In Bosnia and Herzegovina, the expert team was based in Zenica, where it visited a number of shelters for displaced persons, the hospital and food distribution centres. Delegates had discussions with the local centre for the investigation of war crimes, senior psychiatric and gynaecological staff and field staff of international and other relief agencies. A brief visit to the hospital and the main refugee centre in Travnik and discussions with representatives from Tuzla were also possible. The mission greatly appreciated the protection and assistance afforded it on the ground in central Bosnia and Herzegovina by the United Nations Protection Force and the Office of the United Nations High Commissioner for Refugees (UNHCR).

6. This is a composite report on both visits. On the whole the second visit confirmed the mission's earlier findings. Where necessary the present report elaborates or amplifies aspects of the mission's preliminary report to take account of further information and impressions gained.

General considerations

7. The conflict in Bosnia and Herzegovina has entailed widespread destruction of life and property, acts of unspeakable brutality and mutilation in contravention of international human rights standards and international humanitarian law. Rape and sexual abuse must be considered in the same context and cannot be seen in isolation from these other atrocities. Given the manner in which, and the scale on which, rape is perpetrated in the Bosnia and Herzegovinian conflict, it outrages personal dignity, is a particularly humiliating and degrading treatment and a clear form of torture.

8. Additionally, rape is a violation of a woman's physical and psychological integrity and the crime carries with it a formidable social stigma. For many Muslim women this may lead to social marginalization and rejection by their former communities, unless there is positive action to counteract this. The mission was glad to note that priority is increasingly being given to education in this sense.

9. The mission was fully conscious that its mandate focused on the investigation of alleged abuses against Muslim women in Bosnia and Herzegovina. However, the mission considers it important to place on record its view that rape and sexual abuse are restricted by neither nationality nor gender. That Bosnia and Herzegovinian Muslim women form the vast majority of the victims of rape is explicable in terms of the intensity and pattern of the conflict. The thrust of Bosnia and Herzegovinian Serb attacks have concentrated on areas with a large Muslim population such as the Brcko region (44 per cent Muslim), the Drina valley (Zvornik - 60 per cent, Bratunac - 64 per cent, Srebenice - 74 per cent, Visegrad - 63 per cent, Gorazde - 70 per cent and Foca - 51 per cent) and the Prijedor area (44 per cent Muslim) in an effort to carve out ethnically homogeneous territory between Serbia and the Serbian areas of occupied Bosnia and Herzegovina and Croatia. This is not to ignore the fact that there are many and disturbing reports of rape of Croat and Serbian women and children, as well as sexual abuse of men in detention

camps. The mission therefore has to emphasize that all those who are victims of this appalling conflict must be the concern of the international community.

10. In approaching its task, the mission was keenly aware of the serious constraints on any scientifically based analysis in the conditions prevailing in Bosnia and Herzegovina and in Croatia. Approximately 70 per cent of Bosnia and Herzegovinian territory is in Serbian control and it is extremely difficult for the international agencies to work in these areas. UNHCR estimates that over 2.6 million persons were displaced by November 1992: 670,000 of them in Croatia, of whom 370,000 are Bosnian Muslims, and 500,000 elsewhere in Europe. Given this massive displacement and the intensity of the ongoing conflict, accurate statistics on killings, disappearances and other atrocities - including rape - are not available. The inherent difficulties involved in compiling statistics on rape and other sexual abuse have been hugely accentuated in the current chaotic conditions.

11. Some interlocutors, particularly among women's groups, were critical of what they perceived as the failure of European Governments to bring about an effective end to the conflict in the former Yugoslavia. During the mission's second visit the current peace negotiations in Geneva appeared to have softened attitudes. Nevertheless the point was repeatedly made that humanitarian aid, while necessary and welcome, left unresolved the central political issue of how to end the conflict.

12. The delegation was careful, in conducting its work, to allow for possible exaggeration or an element of propaganda in some of the information presented to it.

Findings

13. Within the limitations outlined above, the mission sought to arrive at a view (a) as to the scale of the problem and (b) whether or not the rape of Muslim women could be described as "systematic". On the basis of its investigations the mission is satisfied that the rape of Muslim women has been - and perhaps still is - perpetrated on a wide scale and in such a way as to be part of a clearly recognizable pattern, sufficient to form an important element of war strategy.

A. Scale of the problem

14. The general view expressed by interlocutors whom the mission considered responsible and credible was that a horrifying number of Muslim women had been raped and that this was continuing, if on a smaller scale than during the summer. It will probably never be possible to calculate precisely the number of victims involved. Direct evidence from victims is extremely difficult to obtain. Women are understandably reluctant to recall details of the atrocities done to them and many may refer to their own experiences in the third person. However, on the basis of its investigations, the mission

accepts that it is possible to speak in terms of many thousands. Estimates vary widely, ranging from 10,000 to as many as 60,000. The most reasoned estimates suggested to the mission place the number of victims at around 20,000.

15. The enormity of the suffering being inflicted on the civilian population in this conflict defies expression. Indications are that at least some of the rapes have been committed in particularly sadistic ways, so as to inflict maximum humiliation on the victims, on their family and on the whole community. In many cases there seems little doubt that the intention is deliberately to make women pregnant and then to detain them until pregnancy is far enough advanced to make termination impossible, as an additional form of humiliation and constant reminder of the abuse done to them.

16. The mission repeatedly heard accounts - including direct testimonies from a small number of victims - of multiple rapes against women in small centres (variously described as rape camps or "bordellos") located in schools, police stations, hotel restaurants, etc. It is, however, not possible to speak authoritatively of the situation in parts of eastern Bosnia and Herzegovina where reports suggest there may be larger concentrations of women in detention centres. Satisfactory verification of such reports by the relevant international agencies has not been possible, particularly for the period May/June 1992, to which a great many reports refer. Certain of these purported centres are located in areas currently inaccessible to international investigation. On-site verification is also severely handicapped by the practical impossibility of unannounced inspections, which provides the opportunity for the removal of evidence. Experience would also suggest that, once the existence of such centres becomes public knowledge, they tend to be closed down. The mission, in looking at the issue of on-site inspections, was also guided by advice received locally which stressed the need, in pressing such action, to have regard for the welfare of women so detained.

17. The mission found it difficult to obtain more than approximate indications of the number of Muslim women pregnant as a result of rape. One estimate, based on a indicative figure of 20,000 women raped, suggested a possible figure of 1,000 pregnancies. A precise figure may never be ascertained, as there is strong evidence that many victims made pregnant by force and fearing possible rejection by their communities, choose to terminate the pregnancy. This is a major reason, too, for uncertainty as to the number of births that may result from rape. For these women who have been held captive beyond the legal period for termination in both Croatia and Bosnia and Herzegovina, the indications are that few, if any, are likely to wish to keep children conceived under such circumstances. The Bosnian preference is that these children be brought up in Bosnia and Herzegovina. Adoption in Croatia is impossible because they are citizens of Bosnia and Herzegovina and there currently exists no legal provision between Croatia and Bosnia and Herzegovina to cover adoption, including adoption abroad. It is understood, however, that work is being undertaken in this area. The mission is of the view that the question of adoption abroad must be handled sensitively, in close consultation with both the Croatian and Bosnia and Herzegovinian government authorities,

and in the best interests of the child. Foreign adoptions should, in general, be considered only in circumstances where local adoption is impractical and where the alternative is institutionalization.

B. "Systematic" nature of the rapes

18. A high incidence of rape is commonly associated with conflict situations. Accordingly the delegation examined the hypothesis that rape in Bosnia and Herzegovina should be viewed as a by-product of war rather than as a "systematic" abuse taking place on the instructions of or under the direction of the commanding authorities.

19. Throughout its work, however, the delegation frequently heard - including from several individual witnesses and sources - that a repeated feature of Serbian attacks on Muslim towns and villages was the use of rape, often in public, or the threat of rape, as weapon of war to force the population to leave their homes. Probably in most cases, other forms of physical and mental violence to persons were associated with rape, accompanied or followed by the destruction of homes, mosques and churches. The mission saw examples of statements and documents from Serbian sources which very clearly put such actions in the context of an expansionist strategy.

20. Over all, the mission accepted the view that rape is part of a pattern of abuse, usually perpetrated with the conscious intention of demoralizing and terrorizing communities, driving them from their home regions and demonstrating the power of the invading forces. Viewed in this way, rape cannot be seen as incidental to the main purpose of the aggression but as serving a strategic purpose in itself. While the mission was in no doubt that the conflict provides a cloak for criminality of all sorts, it felt that the type and scale of rapes being reported point towards a deliberate pattern.

C. Health and social development findings

Croatia and Bosnia and Herzegovina

21. The mission was impressed by the great efforts being made by those involved in bringing assistance and comfort to refugees and displaced persons wherever it met them. Whether nationals of the countries in conflict or internationally recruited, they are at full stretch. Improvement in the quantity and quality of the provision for, notably, women victims can be achieved only with better coordination and facilitation of governmental, non-governmental and private efforts and carefully targeted additions to resources - including staffing. Improved political stability would simplify the task, but greater support is anyway needed.

22. In considering the special needs in the fields of health and social support of Bosnian Muslim women who have been victims of atrocities, the mission unavoidably dealt with much which applies to the wider refugee

population too. We therefore emphasize the particular vulnerability of these women. They need - and by no means always get - protection and often priority in the provision of humanitarian assistance.

23. The mission found that one of the main needs of refugees and displaced persons was space. For women, in particular, who live for months in places where 200 or more men, women and children have only a bed or mattress in a row as their living space, recovery from trauma is impossible.

24. On the other hand, both in Croatia and Bosnia and Herzegovina, the mission encountered an understandable reluctance to envisage new accommodation and other facilities, e.g. medical care, that might delay the return of refugees and displaced persons to their place of origin, the generally accepted goal. Hence the mission recommends that, wherever possible, mobility should be the keynote in making such a provision.

Bosnia and Herzegovina

25. In the refugee camps the main problems the delegations identified were the lack of sanitation, overcrowding in damp, dirty and lice-infested conditions, no separate accommodation for women or for families and the possibility of the rapid spread of contagious diseases particularly in the summer months. Food provision was inadequate with little nutritional value. There is no special food provision for women with special needs, e.g. pregnant women, women with newborn babies and toddlers and no access to specialized baby foods. No activities are organized for women or children.

26. In the hospitals the mission identified problems within current health-care provision in free Bosnia and Herzegovina including a lack of basic facilities and equipment. Many staff are working in dangerous and difficult conditions over long and exhausting hours. They are required to take on increased numbers of patients, are not receiving their regular salary and often go without food. They constantly have to make difficult ethical and moral judgements about the relative priorities of health requirements. The lack of appropriate drugs for many physical and psychiatric conditions leads to higher rates of mortality amongst vulnerable patient groups, including higher rates of perinatal mortality.

27. There is a general problem of ensuring access, both to the hospital by patients and to patients by health professionals. These difficulties are most acute for less mobile individuals, e.g. women with children, pregnant women, the elderly population and women who may be traumatized through their experiences in the conflict, including rape and sexual abuse. The problem of early discharge of patients from hospital, including newly delivered mothers, alongside the lack of follow-up provision and community based care means the continuation of considerable untreated pathology in these patients.

Recommendations

A. Coordination

28. The mission sees an urgent need for careful and extended matching of offers of assistance with the needs and capabilities of organizations that could implement that aid. A clearing-house (possible under United Nations auspices), which could assist governmental, non-governmental and private organizations in ascertaining both what is required and to whom they can give it would be a considerable contribution. The mission suggests that the EC Commission should seriously consider establishing a presence in the area for a period to serve as a coordinating focus for the Community within this wider framework.

29. The mission hopes that Ministers will find it possible to decide on a practical and urgent response by EC and its member States to the problems outlined in this report. Using the work of this delegation and others, the mission suggests that a meeting is urgently organized with the help of the Community which would allow a follow-up of the main assistance recommendations with as wide a participation as possible (including other Governments that are actively concerned with the question). This would involve EC member States and the relevant organs of the Community, and would be aimed at assisting United Nations bodies such as UNHCR, the World Health Organization (WHO) (both European and regional offices), international non-governmental organizations and the host Governments. Appointed experts from member States could help the meeting to set an overall financial framework for initiatives, and could be charged with developing a detailed costing of programmes of assistance. Such a meeting should be organized as early as possible in February.

B. Health and social development recommendations for Bosnia and Herzegovinian Muslim women

30. The issues which came to the fore in attempting to assist the victims of rape were mobility and space. The particular nature of Bosnia and Herzegovinian topography has both aided the perpetrators in accomplishing their acts and hindered the victims in seeking assistance. There is a pressing need everywhere for physical facilities to be built, whether to house medical help or to provide space for living, counselling or after-care.

31. Raped women require a range of skilled psychological therapies, which take into account the complex and long-term nature of problems experienced, the reluctance to disclose sexual violation, the social stigma associated with rape, the unwillingness of women to seek out help and the fact that they do not wish to be readily identified as rape victims. It is therefore essential to emphasize the relatedness of rape to other forms of physical and psychological trauma and that rape services should be provided alongside other similar counselling services.

Croatia

32. It is important that help must be provided in three phases, immediate, medium-term and long-term, to specific target groups. The immediate aid should include screening procedures and counselling by cross-disciplinary teams in local communities (refugee camps, hostels, neighbourhoods, hospitals) along the lines of models observed in camps for Croatian refugees. It should aim to activate refugees by creating self-support groups. There is also an urgent need for psychiatric liaison between gynaecological departments, other medical departments and psychiatric/psychological departments. Gynaecological services, including pre- and antenatal care and facilities for the termination of pregnancy, if needed, are also a matter of urgency.

33. In the medium to long term, there is a clear need for educational material to be created and dissemination: information material produced by experts from Community countries: leaflets, booklets, radio, television and educational seminars for different professional and volunteer groups, by experts from member States. This help should also include supervision and support of field services by expert teams. Rehabilitation must be the aim of long-term assistance, and this again should include educational programmes, and occupational schemes to provide the grounds for sustainable redevelopment.

34. The mission was aware that a large number of illegal refugees and displaced persons in Croatia have difficulties in gaining access to the health system, despite the great efforts of the Croatian authorities to cover their needs. This aggravates further the position of the victims of rape and abuse, who desperately need easily accessible and qualified help.

Bosnia and Herzegovina

35. It is essential in the medium term to remove certain vulnerable individuals from the conditions of the refugee camps, in particular, women with children, pregnant women and women who have already been subjected to a variety of trauma and abuse. The removal of such individuals to more tolerable conditions cannot be achieved in the immediate term.

36. In the immediate future certain basic conditions must be met to alleviate current hardships. These basic needs include: proper sanitation and washing facilities to be installed at all refugee centres in Bosnia and Herzegovina, ensuring that adequate nutrition is provided to these centres, particularly to the vulnerable groups and the provision of adequate health care to women in refugee centres by mobile units which would include screening for medical and psychological pathology, family planning, prenatal and postnatal care.

37. The mission, taking the problems of mobility into account, emphasizes that the rapid establishment of an emergency ambulance service would improve the accessibility of health facilities for the refugee and displaced persons population in the area of Bosnia and Herzegovina. This service should include mobile medical teams consisting of specially trained medical or paramedical and nursing staff.

38. These teams should target services for traumatized and vulnerable women: screening for acute medical and psychological pathology, first aid, follow-up treatment (including the provision of drugs) and health education. The mobile units should be linked to the major hospitals in Bosnia and Herzegovina i.e. Sarajevo, Zenica, Travnik and Tuzla.

39. The mission also sees as essential the provision of information leaflets describing the symptoms of stress and the effects of trauma and outlining the methods of contacting sources of help and obtaining further information. These should be distributed to refugee centres, hospitals, schools, cultural and religious centres, amongst others.

40. The mission recommends that more appropriate and acceptable housing be provided for the most traumatized women amongst the refugee and displaced persons population. To this end we recommend the model of housing development being provided by Norwegian People's Aid in Zenica.

C. Measures for EC member States

41. It is suggested that Community Governments receiving Bosnia and Herzegovinian refugees, and particularly Muslim women who have suffered rape, should ensure that their visa procedures are as rapid as possible. In addition, Governments should consider the possibility of making places available for Bosnia and Herzegovinian Muslim women, especially those needing medical treatment, to enter their countries on a temporary basis.

D. War crimes and support for documentary evidence

42. The mission is aware of work currently under way in the United Nations and elsewhere in this area. It notes existing provisions under the Geneva Conventions and Protocols for the protection of women against rape, enforced prostitution or any form of indecent assault. Practised on the scale and for the purposes witnessed against Muslims in Bosnia and Herzegovina, the mission believes there is now a strong case for clearly identifying these abuses as war crimes, irrespective of whether they occur in national or international conflicts.

43. The mission wishes to emphasize that those bodies, whether officially sponsored or not, already seeking to assemble and collate documentary evidence within Bosnia and Herzegovina and other parts of the former Yugoslavia, are in great need of funds even for basic office equipment and supplies and transport. To pursue the search for firm evidence against those responsible for allowing such abuse of women, both through these centres and in the area where the abuse has happened, would seem a matter of urgency.

44. The mission hopes that the above recommendations will allow Ministers to launch an effective programme of relief and assistance to victims, in addition to any other initiatives at the political level which Ministers might decide upon.

Appendix

Participants

Dame Anne Warburton*

Mrs. Anne Anderson*

Minister David Andrews

Professor Libby Arcel*

Dr. Ralph Kinnear*

Dr. Gunilla Kleiverda

Mme Lizin

Professor Alice Marangopoulos-Yotopoulos

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Mrs. Philomena Murnaghan*

Mrs. Daniela Napoli

Ms. Mindy Sahwney

Mrs. Francisca Sauguillo Perez del Arco

Dr. Cornelia Sorabji

Mrs. Maria Regina Tavares da Silva

Mrs. Sabine Vollmar-Libal

Mrs. Simone Weil

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* Participants in both phases.

Annex II

Declaration on the follow-up to the Warburton mission adopted at Brussels on 1 February 1993

The Community and its member States welcome the report submitted by the Warburton mission on its findings during visits conducted from 20 to 24 December 1992 and 19 to 26 January 1993.

The decision by the European Council to establish this investigation is vindicated by the findings. Rape has been perpetrated on a wide scale in former Yugoslavia, in such a way as to be part of a clear pattern. The great majority of the many thousands of victims have been Muslims.

The European Community and its member States are appalled by these crimes and the inhumanity which marks the present conflict. They intend to implement the recommendations in the report on assistance to the Bosnian Muslim women victims of rape and other atrocities.

At a political level, the Community and its member States will approach the parties to the conflict, and in particular the political leadership, to impress on them the incontrovertible nature of the evidence and the imperative need to bring these abhorrent practices to an end. In this context, the Community and its member States will pursue full implementation of United Nations Security Council resolution 798 (1992) and will endeavour to inspect the locations associated with the practice of rape.